

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/628019 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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TOTAL IND	2					
TOTAL DEP	18	←	←	←		
TOTAL CLAIMS	20					

1	2	3	4	5	6
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TOTAL IND		↓	↓	↓	
TOTAL DEP		↓	↓	↓	
TOTAL CLAIMS					